

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) END-5244PCT

Box No. I TITLE OF INVENTION

GUIDE WIRE HAVING BENDING SEGMENT

Box No. II APPLICANT

☐ This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

ETHICON ENDO-SURGERY, INC.
4545 Creek Road
Cincinnati, Ohio 45242
US

Telephone No.
513-337-3535

Facsimile No.
732-524-2808

Teleprinter No.

Applicant's registration No. with the Office
34,342

State (that is, country) of nationality:
US

State (that is, country) of residence:
US

This person is applicant for the purposes of: ☐ all designated States ☒ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

BAKOS, GREGORY J.
6330 Redwood Court
Mason, OH 45040
US

This person is:

☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
US

State (that is, country) of residence:
US

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☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

☒ agent ☐ common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

JOHNSON, PHILLIP S. &
GRESSEL, GERRY S.
Johnson & Johnson Customer No. 000027777
1 Johnson & Johnson Plaza
New Brunswick, NJ 08933
UNITED STATES OF AMERICA

Telephone No.
513-337-3535

Facsimile No.
732-524-2808

Teleprinter No.

Agent's registration No. with the Office
34,342

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)*If none of the following sub-boxes is used, this sheet should not be included in the request.*

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

GEE, KEVIN K.
18 Highland Crossing
Scituate, MA 02066
US

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

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TIERNEY, SCOTT J.
13 Winter Street
Taunton, MA 02780
US

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

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SWAIN, CHRISTOPHER PAUL
41 Willow Road
London NW3 1TN
UNITED KINGDOM

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
UNITED KINGDOM

State (that is, country) of residence:
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LONG, GARY L.
3722 Pleasant Street
Cincinnati, OH 45227
US

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☐ inventor only (If this check-box is marked, do not fill in below.)

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UCL BioMedica Plc
C/O Finance, Gower Street
London, WC1E 6BT
UNITED KINGDOM

This person is:

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☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

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☐ inventor only (If this check-box is marked, do not fill in below.)

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State (that is, country) of residence:

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☐ inventor only (If this check-box is marked, do not fill in below.)

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Further applicants and/or (further) inventors are indicated on another continuation sheet.

Box No. V DESIGNATIONS

The filing of this request constitutes under Rule 4.9(a), the designation of all Contracting States bound by the PCT on the international filing date, for the grant of every kind of protection available and, where applicable, for the grant of both regional and national patents.

However,

- ☐ DE Germany is not designated for any kind of national protection
- ☐ KR Republic of Korea is not designated for any kind of national protection
- ☐ RU Russian Federation is not designated for any kind of national protection

(The check-boxes above may be used to exclude (irrevocably) the designations concerned in order to avoid the ceasing of the effect, under the national law, of an earlier national application from which priority is claimed. See the Notes to Box No. V as to the consequences of such national law provisions in these and certain other States.)

Box No. VI PRIORITY CLAIM

The priority of the following earlier application(s) is hereby claimed:

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country or Member of WTO	regional application:* regional Office	international application: receiving Office
item (1) 03 April 2003	0307715.3	UK		
item (2) 03 April 2003 and 08 April 2003	10/406,020 and 10/409,270	US US		
item (3) 5 December 2003	10/729,754	US		

~~Other priority claims are indicated in the Supplemental Box.~~

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office) identified above as:

- ☐ all items ☐ item (1) ☒ item (2) ☒ item (3) ☐ other, see Supplemental Box

* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)):

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA / EPO

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year) Number Country (or regional Office)

Box No. VIII DECLARATIONS

The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):

Number of
declarations

- ☐ Box No. VIII (i) Declaration as to the identity of the inventor :
- ☐ Box No. VIII (ii) Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent :
- ☐ Box No. VIII (iii) Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application :
- ☐ Box No. VIII (iv) Declaration of inventorship (only for the purposes of the designation of the United States of America) :
- ☐ Box No. VIII (v) Declaration as to non-prejudicial disclosures or exceptions to lack of novelty :

This sheet is not part of and does not count as a sheet of the international application.

PCT

FEE CALCULATION SHEET

Annex to the Request

For receiving Office use only

International Application No.

Date stamp of the receiving Office

Applicant's or agent's
file reference

END-5244PCT

Applicant

ETHICON ENDO-SURGERY, INC.

CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE **T**

2. SEARCH FEE **S**

International search to be carried out by _____

(If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FILING FEE

Where items (b) and/or (c) of Box No. IX apply, enter Sub-total number of sheets } _____
Where items (b) and (c) of Box No. IX do not apply, enter Total number of sheets }

i1 first 30 sheets **i1**

i2 13 x 12 = **i2**
number of sheets fee per sheet
in excess of 30

i3 additional component (only if sequence listing and/or tables related thereto are filed in computer readable form under Section 801(a)(i), or both in that form and on paper, under Section 801(a)(ii)):

400 x _____ = **i3**
fee per sheet

Add amounts entered at i1, i2 and i3 and enter total at I **I**

(Applicants from certain States are entitled to a reduction of 75% of the international filing fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the international filing fee.)

4. FEE FOR PRIORITY DOCUMENT (if applicable) **P**

5. TOTAL FEES PAYABLE **\$0.00**

Add amounts entered at T, S, I and P, and enter total in the TOTAL box

TOTAL

MODE OF PAYMENT

☒ authorization to charge
deposit account (see below)

☐ postal money order

☐ cash

☐ coupons

☐ cheque

☐ bank draft

☐ revenue stamps

☐ other (specify):

AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT

(This mode of payment may not be available at all receiving Offices)

☒ Authorization to charge the total fees indicated above.

☒ (This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.

☒ Authorization to charge the fee for priority document.

Receiving Office: RO/ US

Deposit Account No.: 10-0750/5244PCT

Date: APRIL 2005 Sept 28, 05

Name: GERRY S. GRESSEL

Signature: [Signature]

Assistant Secretary,
Ethicon Endo Surgery, Inc.